

REPORT TO CITY CLERK
SPECIAL DESIGNATED LICENSE APPLICATION

A2-061907

☒ Police
☐ City Attorney
☐ Bureau of Fire Prevention
☐ Health Dept.

DATE: 6/06/02

RETURN BY: 6/21/02

CATERER

NON-CATERER XX

APPLICANT: LAZLO, INC.

APPLICANT'S ADDRESS: 729 Q STREET

ADDRESS OR LOCATION OF PREMISES TO BE COVERED BY LICENSE : 14TH STREET, O TO P

DATE(S) OF EVENT: JULY 5 AND JULY 6, 2002

TIME(S) OF EVENT : BEGIN AT 4PM JULY 5 AND END 1AM JULY 7TH

TYPE OF EVENT: RHYTHM AND BREWS, THE ZOO BAR 29TH ANNIVERSARY ST FESTIVAL

DETAILS ON ATTACHED APPLICATION.

RECOMMENDATION OF APPROVAL OR DENIAL



APPROVED

CONDITIONS

☐ DENIED

REASON(S) FOR



Signature

6-6-02

Date

(If needed, use back for additional space)

(SDLRPT.JER)

for the 6/24 agenda

573

APPLICANT MUST COMPLETE
ALL SECTIONS OF THIS FORMAPPLICATION FOR SPECIAL DESIGNATED LICENSE
NEBRASKA LIQUOR CONTROL COMMISSION
P.O. Box 95046, Lincoln NE 68509

A2-061907

ALL ISSUED LICENSES ARE MAILED TO LOCAL CLERKS WHERE THE EVENT IS HELD

- All Applications must be received in the Commission Office 10 working days (excluding holidays) prior to the date of the event.
- Complete and return **THE ORIGINAL WITH A DUPLICATE** to the Nebraska Liquor Control Commission.
- A license fee of \$40 (payable to Nebraska Liquor Control Commission) for each day.
- **LOCAL APPROVAL** must be included with this application.
- A Signed Statement from Local Police Chief or County Sheriff (question #12).
- **NON PROFIT CORPORATION MUST** include a letter from the IRS declaring that the corporation is exempt from payment of federal income taxes, or a copy of the corporation's federal income tax return, as filed with the IRS, of a statement (Page 3) signed by an officer of the corporation declaring that the copy of the tax return is a true and correct copy as filed with the IRS.

1. Type of Beverage(s) to be served:		
<input checked="" type="checkbox"/> Beer	<input type="checkbox"/> Wine	<input type="checkbox"/> Distilled Spirits
2. Status of the Applicant (check one)		
<input type="checkbox"/> Municipal Corporation	<input type="checkbox"/> Political Corporation	<input type="checkbox"/> Fine Arts Museum
<input type="checkbox"/> Religious Corporation	<input type="checkbox"/> Charitable Corporation	<input checked="" type="checkbox"/> Retail Licensee
<input type="checkbox"/> Fraternal Corporation	<input type="checkbox"/> Public Service Corporation	
3. Name and Address of Corporation, Organization or Licensee obtaining license. <i>LAZLO, INC., 729 O STREET Lincoln, NE 68508</i>		
City: <u>Lincoln</u>	State: <u>NE</u>	If licensee, give license # And Class (Example C/K) <u>L/K 20428</u>
County #: <u>2</u>	Zip Code: <u>68508</u>	
4. Address or location of premises to be covered by license.		
City: <u>Lincoln</u>	County #: <u>2</u>	Zip Code: <u>68508</u>

5. Is this PREMISE currently licensed under the Nebraska Liquor Control Act?		<input checked="" type="radio"/> Yes	<input type="radio"/> No
6. Name and Address of owner or lessee and name of principal occupant of the premises for which the license is requested.			
Owner Name:	City of Lincoln		
Principal Occupant Name:	Public Works		
Owner Address:	Lincoln, NE		
7. Please list the name and telephone number of the primary event supervisor , who will be present at the location of the event when it occurs, that can be contacted by law enforcement before and during the event, and who is responsible for ensuring that any applicable laws, ordinances, rules and regulations are adhered to. Supervisor must sign on page 2.			
Supervisor Name:	Scott C. Miller, President		
Telephone Number:	402-434-5959		
8. DATE(S) OF EVENT (If a Sunday, attach local Sunday Sales Ordinance and hours of consumption.)			
From:	(mm/dd/yy)	7/5/2002	
To:	(mm/dd/yy)	7/7/2002	
PLEASE INDICATE AN ALTERNATE DATE OR LOCATION IN THE EVENT OF BAD WEATHER			
Alternate Date:	N/A		
Alternate Location:	N/A		
9. Time(s) of event (example: 8am to 1am, this is considered one day)			
FROM:	4pm, 7/5		
TO:	1am, 7/7		
10. Describe the Type of Activity to be carried on during the time period for which the license is requested. Note: Only visible text will print.			
Fundraising activities, live music, food and beverages served.			
11. Provide an estimated number of attendees at this event. 8500			

If the number of attendees is over 250, attach a separate page indicating the steps that will be taken to prevent underage persons access to alcoholic beverages.

12. PLEASE ATTACH A SIGNED STATEMENT FROM YOUR LOCAL POLICE CHIEF OR COUNTY SHERIFF, WHICHEVER IS APPLICABLE, THAT LOCAL LAW ENFORCEMENT HAS BEEN INFORMED IN ADVANCE OF THIS EVENT, AND IF THEY ARE AWARE OF ANY REASON THE EVENT SHOULD NOT OCCUR.

13. List the number of SDL's that you have applied for at this specific location in the last six months. 0

14. Description of the premises: SEEMAP 14th, O to P

☐ Inside Building

☒ Outdoor Area

Dimensions of area to be covered by license (in feet):

Length: 385 Width: 155

If outdoor area, how will promises be separated from areas open to the general public?

☒ Fence

☐ Tent

☐ Other (if other, please explain below)

Note: Only visible text will print

Please draw in space provided, where liquors will be sold and consumed.

See attached sheet.

15. Is the premises to be covered by the license located within the city/village limits?

☒ Yes

☐ No

16. Is the premises to be covered by the license within 150 feet of any church, school, hospital, or home for the aged or indigent persons or for veterans, their wives or children?

☐ Yes

☒ No

17. Explain how alcoholic liquors will be purchased by the licensee. If purchased from a retail licensee, please give the name and license number.

Note: Only visible text will print

Empyrean Brewing Co. holds a L/K license (L/K 20428) and will purchase additional beer from K&Z Distributing of Lincoln.

18. Will the premises to be covered by the license comply with all Nebraska sanitation laws?

- ☒ Yes
☐ No

19. Are there separate toilets for both men and women?

- ☒ Yes
☐ No

20. Other information or requests by the applicant:

Note: Only visible text will print

21. Will there be any games of chance operating during the event?

NOTICE: Only games of chance approved by the Department of Revenue, Charitable Gaming Division are permitted. All other forms of gambling are prohibited by State Law: There are no exceptions for Non Profit Organizations. This is only an application for a Special Designated License under the Liquor Control Act and is not a gambling permit application.

☐ Yes

☒ No

22. I declare that I am the authorized representative of the above named license applicant and that the statements made on this application are true to the best of my knowledge and belief. I also consent to an investigation of my background including all records of every kind including police records. I agree to waive any rights or causes of action against the Nebraska Liquor Control Commission, the Nebraska State Patrol or any other individual releasing said information to the Liquor Control Commission or the Nebraska State Patrol. I further declare that the license applied for will not be used by any other person, group, organization or corporation for profit or not for profit and that the event will be supervised by persons directly responsible to the holder of this Special Designated License.

Sign
Here

David Fink
Authorized Representative/Applicant

LEGAL SPECIALIST
Title

5/28/2002
Date

Sign
Here

Scott Miller
Supervisor

President
Title

6/3/02
Date

14TH STREET

P STREET

Friday 4pm - 1am
Saturday 1pm - 1am

Tickets/ID
10 x 10

ENTRANCE

Generator

Stage
42 x 24

VIP Tent
10 x 20

Loading &
Emergency Access

ENTRANCE

POST & NICKEL

key

- Tents
- Fence
- Barricades
- Hooded Meters

THE ZOO BAR

HOMERS

Beer 1
10 x 20

Beer 2
10 x 20

Beer Tickets/ID
10 x 10

Portapotty

Food
10 x 20
10 x 20

beer truck
beer truck

ATM

trash

beer truck

Tickets/ID
10 x 10

ENTRANCE

O STREET

FOR OUTDOOR EVENTS

Special Designated License Application Supplemental Form

CITY USE ONLY

The Special Designated License process is not intended to be used as a vehicle to expand the existing licensed premise.

Name of the Event: RHYTHM AND BREWS, THE ZOO BAR 29TH ANNIVERSARY STREET FESTIVAL

Applicant and Sponsoring Organization or Person (if applicable):
EMPYREAN BREWING CO. SCOTT C. MILLER

Date of the Event: 7/5/2002 AND 7/6/2002 Time of the Event: 7/5 5 pm to 1 am
7/6 1 pm to 1 am

Has the applicant applied for, and received liquor liability insurance? ☒ yes ☐ no

Number of persons expected to attend: 8500 Number of persons under 21 expected: 2000 Is the event open to the public? ☒ yes ☐ no

How will you ensure that minors will not be served or consume beverages containing alcohol? IN Station will be set up at all entrances. Wrist bands will be provided to those proving ~~if~~ age of 21 or older, professional, trained staff will dispense alcohol

Will food be served? ☒ yes ☐ no If yes, please list food to be served: Cazlo's items
Chicken, BBQ, Burgers, Fries, other

Will non-alcoholic beverages be served? ☒ yes ☐ no If yes, please list non-alcoholic beverages to be served: pepsi products, bottled water

Please identify the beverages containing alcohol that will be served: ☐ wine ☒ beer
☐ distilled spirits Will this be a cash or complimentary bar? ☒ cash ☐ complimentary

Who will serve the beverages containing alcohol? Empyrean / Cazlo's / Zoo Bar staff
Have the designated servers received responsible beverage service training? ☒ yes ☐ no

Will there be a charge for admission? ☒ yes ☐ no

In the last twelve months, have you received notice of a liquor law violation that occurred during an event at which you were the special designated licensee? ☐ yes ☒ no
If so, please explain _____

